



OPERACOLUMBUS.ORG

FOOD + DRINK + MUSIC + STYLE



COLUMBUS IS OUR STAGE, AND THE WORLD IS OUR AUDIENCE.

FRIDAY
APRIL 26, 2024

VITRIA ON THE SQUARE
14 E. 15th Ave.
Columbus, OH 43201



Opera Columbus

OPERA COLUMBUS GALA

As a sponsor, you will receive:

- + Recognition on all event materials, including Gala invitation and program.
- + Event reservations for you and your guests (*based on sponsorship level*), which include reception, dinner, AfterParty access, and valet parking.



SCAN FOR MORE INFORMATION

DIAMOND COCKTAIL SPONSOR \$10,000

- + Exclusive sponsor of the Cocktail Reception.
- + Table of 10 with premium seating.
- + Two couples named to the VIP listing.*
- + Company logo recognition.*
- + Dedicated cocktail server at dinner.

RUBY AFTERPARTY SPONSOR \$7,500

- + Exclusive sponsor recognition at the AfterParty.
- + Table of 8 with premium seating.
- + One couple named to the VIP listing.*
- + Company logo recognition.*

ARTIST SEATING ADD-ON OPTION \$500

- + Sponsor an Opera Columbus artist to attend the event and join your table.

OPAL SPONSOR \$6,000

- + Table of 8 with priority seating.
- + One couple named to the VIP listing.*
- + Company logo recognition.*

PEARL SPONSOR \$3,000

- + Seating for 4 with preferred seating.
- + One couple named to the VIP listing.*
- + Company name recognition.*

VIPINK SPONSOR \$750/PERSON

- + Reserved seating at dinner.
- + Name recognition on the VIP listing.*

***Deadline for inclusion on invitation is February 24, 2024.**

PLEASE RESERVE

- ☐ Diamond Cocktail Sponsor **\$10,000**
for ten (10) guests
- ☐ Ruby AfterParty Sponsor **\$7,500**
for eight (8) guests
- ☐ Opal Sponsor **\$6,000**
for eight (8) guests
- ☐ Pearl Sponsor **\$3,000**
for four (4) guests
- ☐ VIPink Sponsor _____ x\$750 ea.
Total: _____
- ☐ Artist Seating Add-On _____ x\$500 ea.
Total: _____
- ☐ I/we cannot attend the Opera Columbus Gala, but wish to support with gift of \$ _____

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name(s) for VIP Listing: _____

PAYMENT

- ☐ Please charge my: VISA MC DISC AMEX
Name as it appears on the card: _____
Credit Card #: _____ EXP: _____ CVV: _____
- ☐ Payment to follow/please invoice
Please sign to verify pledge: _____
- ☐ My check is enclosed, payable to Opera Columbus.

Please return this form to Julie Weeks: jweeks@capa.com or mail to: Opera Columbus, 55 East State Street, Columbus, OH 43215